An estimated 215 million women in the developing world have an unmet need for modern contraception. More than 60 million have unsafe abortions each year, three million of whom need—but do not receive—care for abortion-related complications. If the need for family planning and maternal and newborn health services were met simultaneously, unintended pregnancies would drop by more than two-thirds, from 75 million in 2008 to 22 million per year; and unsafe abortions would decline by 73% from current levels. The total cost of meeting the existing need for modern family planning and maternal and newborn health services would be $24.6 billion annually. Fulfilling the global unmet need for modern family planning methods would cost $3.6 billion (in 2008 U.S. dollars), in addition to the current investment—$6.7 billion annually. Providing maternal and newborn care to all pregnant women and their newborns would increase current spending from $8.7 billion to $9.8 billion. This would save an estimated 240,000-390,000 (based on the most recent estimates of maternal mortality); and the annual number of newborn deaths would decline by 44%. The total cost of these investments would be $12.8 billion annually. Providing maternal and newborn care to all pregnant women and their newborns would save an estimated 240,000-390,000 lives (based on the most recent estimates of maternal mortality); and the annual number of newborn deaths would decline by 44%.
Dear Guttmacher Friends and Colleagues,

I’m on the road again—writing this year’s letter from London, where I’m attending an expert group meeting on the Countdown to 2015. That’s the year the world is supposed to have made good on eight Millennium Development Goals for alleviating poverty adopted by the UN in 2000.

Conspicuously absent from the original list of goals was improved sexual and reproductive health, despite the fact that most of the other MDGs can’t be achieved without it. That may be in large part why a number of the MDGs, and their underlying measurable targets, are now seriously off track—none more so than MDG 5, which calls for a 75% reduction in maternal mortality from the appalling level seen in 1990.

In the developing world as a whole, we’ve seen higher school enrollment, significant gains in child survival and a reduction in new HIV infections. But pregnancy-related deaths, including those from unsafe abortion, have declined more slowly. And the great tragedy, of course, is that the large majority of the hundreds of thousands of maternal deaths that occur every year are easily preventable.

In a major new cost-benefit analysis—Adding It Up—which we released late last year with the United Nations Population Fund (UNFPA), we showed that roughly doubling the current modest global investments in family planning and basic maternal and newborn care (from just under $12 billion to $24.6 billion a year) would have a staggering impact: It would cut maternal mortality by at least 70% and reduce newborn deaths by almost half.

By helping women prevent unintended pregnancies and the clandestine abortions that often follow, the additional investment in family planning alone would reduce pregnancy-related deaths by more than a quarter and would reduce by $1.5 billion a year the cost of providing all pregnant women with the care they and their newborns need.

At the London MDG meeting, maternal and child mortality has been one of three focus issues. The background document for that part of the agenda cites only one scientific paper: the 2009 Guttmacher-UNFPA report.

Increasingly, we’re finding that cost-benefit analysis documenting the extraordinary return on investments—both human and financial—in contraceptive services and safe abortion has the power to drive policy change and increase resources for implementing beneficial policies that are already in place.

I wrote last year’s president’s letter from the Philippines, where we had just launched a similar national-level analysis undertaken by Guttmacher with the University of the Philippines. It showed that if all Filipinas who want to prevent pregnancy used modern contraceptives, this would actually save the public health system $16.5 million a year, averting more than 800,000 unplanned births and 500,000 abortions, and saving the lives of more than 2,000 women annually. The findings were cited hundreds of times during the debate on a comprehensive reproductive health bill (unfortunately now stalled until after this year’s national election), and we continue to track new press reports citing the data almost every week. As they say in the media business, the story has had “long legs.”

Last November, we released findings from a cost-benefit analysis in Uganda, done in collaboration with the Economic Policy Research Centre at Makerere University. It shows that the Ugandan government could save $112 million a year by fully addressing the huge unmet need for modern contraception. And that every dollar invested in family planning

10 Key Findings

From Adding It Up

215 million

An estimated 215 million women in the developing world have an unmet need for modern contraception.
Both at home and abroad, family planning dramatically improves the health and well-being—and, indeed saves the lives—of hundreds of thousands of women.

Guttmacher named a WHO Collaborating Center

In 2009, Guttmacher was designated a World Health Organization (WHO) Collaborating Center for Reproductive Health. This prestigious honor was granted in recognition of the Institute’s long-standing and continuing partnership with WHO, at the center of which is our collaborative research on the incidence of abortion worldwide. The Institute becomes one of only three U.S.-based organizations designated as Collaborating Centers for Reproductive Health.

More than 60 million women give birth each year without antenatal, delivery and newborn care.

About 20 million women have unsafe abortions each year, three million of whom need—but do not receive—care for abortion-related complications.
If the need for family planning and maternal and newborn health services were met simultaneously,

- unintended pregnancies would drop by more than two-thirds, from 75 million in 2008 to 22 million per year, and unsafe abortions would decline by 73%, from 20 million to 5.5 million;
- maternal deaths would drop by 70–72% and newborn deaths by 44%;
- the annual number of maternal deaths would decline by 240,000–390,000 (based on the most recent estimates of maternal mortality); and
- the annual number of newborn deaths would decline by 1.6 million from current levels.
Providing maternal and newborn care to all pregnant women and their newborns would increase current benefits—in lives and in dollars—behind the case for increased funding for family planning and pregnancy-related care in the developing world and especially in resource-poor countries.

**A Real-Time Look at the Impact of the Recession on Publicly Funded Family Planning Centers**
Examines the changes and challenges experienced by publicly funded family planning centers during the height of the economic recession between early 2008 and early 2009 as they strove to provide free and low-cost contraceptive care to all women who need and depend on it.

**Abortion Worldwide: A Decade of Uneven Progress**
Assesses progress over the past decade regarding the legality, safety and accessibility of abortion services worldwide, including policy developments and abortion incidence trends, with a focus on unsafe abortion.

**Adolescent Marriage and Childbearing in India: Current Situatio and Recent Trends**
Presents a broad descriptive overview of the current status and recent changes in indicators of early marriage and childbearing in India, with an eye toward helping policymakers and program planners by assessing adolescents’ needs for information and services and the extent to which those needs are being met.

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### ISSUE BRIEFS

**Abortion in Pakistan**

Presents what is currently known about abortion in Pakistan, including the incidence of abortion, the providers women turn to and the abortion methods used, the costs of abortion to women and their families, and the consequences of unsafe abortion.

**Benefits of Meeting the Contraceptive Needs of Ugandan Women**
Describes current patterns of contraceptive use in Uganda, documents the high costs associated with persistently high unmet need for modern contraception and outlines the net benefits to women and society of averting unintended pregnancies with current levels of use and under two scenarios of increased investment in modern contraception.

**Meeting Women’s Contraceptive Needs in the Philippines**
Describes women’s current patterns of contraceptive use and the personal and financial costs that result from unmet need for contraception. It presents alternative patterns of contraceptive use to highlight the net benefits—to women and society—that could result from meeting the contraceptive needs of all women and couples at risk for unintended pregnancy in the Philippines.

In addition, the Institute published 25 State Policies in Brief and 16 fact sheets on a variety of domestic and international subjects.

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The total cost of meeting the existing need for modern family planning and maternal and newborn health services would be $24.6 billion, an increase of $12.8 billion annually.

- Fulfilling the global unmet need for modern family planning methods would cost $3.6 billion (in 2008 U.S. dollars), in addition to the current $3.1 billion investment—for a total of $6.7 billion annually.
- Providing maternal and newborn care to all pregnant women and their newborns would increase current spending from $8.7 billion to $17.9 billion, assuming that unmet need for effective contraceptives is met.

For additional findings, see *Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health* at www.guttmacher.org.
ASSETS

December 31, 2009

<table>
<thead>
<tr>
<th>Asset</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$518,684</td>
</tr>
<tr>
<td>Investments</td>
<td>19,743,015</td>
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<tr>
<td>Contributions and grants receivable</td>
<td>7,833,972</td>
</tr>
<tr>
<td>Other receivables</td>
<td>105,750</td>
</tr>
<tr>
<td>Prepaid expenses and other assets</td>
<td>140,449</td>
</tr>
<tr>
<td>Security deposits</td>
<td>19,294</td>
</tr>
<tr>
<td>Deferred debt issuance costs, net</td>
<td>448,647</td>
</tr>
<tr>
<td>Property and equipment, net</td>
<td>11,959,504</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td><strong>$40,299,316</strong></td>
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</table>

LIABILITIES AND NET ASSETS

<table>
<thead>
<tr>
<th>Liability</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>$644,128</td>
</tr>
<tr>
<td>Deferred subscription revenue</td>
<td>8,050</td>
</tr>
<tr>
<td>Note payable</td>
<td>833,335</td>
</tr>
<tr>
<td>New York City Industrial Development Agency bonds</td>
<td>10,580,000</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td><strong>12,065,513</strong></td>
</tr>
</tbody>
</table>

Commitment and contingency (Note I)

Net assets:

- Undesignated, available for general activities: $2,552,886
- Designated as endowment by the Board of Directors: $3,481,339
- Net investment in property and equipment: $994,816
- Temporarily restricted: $7,025,041
- Permanently restricted: $4,855,238
- **Total net assets**: $28,233,803

Year Ended December 31, 2009

<table>
<thead>
<tr>
<th>Revenue and Support</th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Permanently Restricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions</td>
<td>$374,960</td>
<td></td>
<td></td>
<td>$374,960</td>
</tr>
<tr>
<td>Grants and contracts from government agencies</td>
<td>1,026,676</td>
<td>1,026,676</td>
<td></td>
<td>$1,026,676</td>
</tr>
<tr>
<td>Grants from private organizations</td>
<td>3,593,228</td>
<td></td>
<td>11,030,572</td>
<td>$14,623,800</td>
</tr>
<tr>
<td>Investment income</td>
<td>182,234</td>
<td>182,234</td>
<td></td>
<td>182,234</td>
</tr>
<tr>
<td>Net realized and unrealized gains (losses) on investments</td>
<td>669,409</td>
<td></td>
<td></td>
<td>669,409</td>
</tr>
<tr>
<td>Publication income and other revenue</td>
<td>146,712</td>
<td></td>
<td></td>
<td>146,712</td>
</tr>
<tr>
<td>Total</td>
<td>5,993,219</td>
<td>11,030,572</td>
<td></td>
<td>17,023,791</td>
</tr>
<tr>
<td>Net assets released from restrictions</td>
<td>8,362,599</td>
<td>(8,362,599)</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total revenue and support</td>
<td>14,355,818</td>
<td>2,663,073</td>
<td></td>
<td>17,023,791</td>
</tr>
</tbody>
</table>

EXPENSES:

Program services:

- Research: 5,475,441
- Public education: 3,742,838
- Public policy: 1,633,261
- **Total program services**: 10,851,630

Supporting services:

- Management and general: 2,244,858
- Fund-raising: 427,719
- **Total supporting services**: 2,672,577

**Total expenses**: 13,524,207

Change in net assets: 831,611

Net assets at beginning of year: 6,197,430

**Net assets at end of year**: $7,029,041

Sources of Support:

- U.S. Private Foundations, Restricted: 40%
- U.S. Private Foundations, Unrestricted: 30%
- U.S. Government: 7%
- Individuals: 3%
- Other: 13%
- Global Organizations and Governments, Restricted: 7%
60 million per year; and unsafe abortions would decline by 73% from 20 million to
the cost of meeting the existing need for modern family planning and maternal
and newborn health services would be
5.5 million; maternal deaths would drop
by 70% and newborn deaths by
Because the Guttmacher Institute does not accept assistance from companies
or other entities that might want to influence our findings, we rely on the
generosity of informed individuals like you to sustain our work. You can make
a difference now with
➤ a check payable to Guttmacher Institute;
➤ a credit card donation through our Web site, www.guttmacher.org, or
by mail or telephone;
➤ a donation of stocks, bonds, real estate or property;
➤ a grant from a family or community foundation or trust; or
➤ a matching gift from your employer.
By including the Guttmacher Institute in your will, you can become a member
of our Legacy Circle, a society of dedicated donors who appreciate our position
at the vanguard of advancing sexual and reproductive health and recognize
the enduring need for our work. To enroll, simply inform the Institute that you
have included it in your will. Legacy Circle members receive complimentary
subscriptions to our journals and special publications, and form an alliance
with others who share a vision for a better future.
Should you choose to make a gift through your estate plans, it is important
to ensure that the Guttmacher Institute is listed as the recipient. The Institute’s
address is 125 Maiden Lane, New York, NY 10038, and our tax I.D. number is
13-2890727. For additional information, please contact Jonathan Wittenberg,
director of development, at 1-800-355-0244, ext. 2233, or jwittenberg@guttmacher.org.

Here is my gift to the Guttmacher Institute to preserve and promote sexual and reproductive
health worldwide.

$5,000 $2,500 $1,000 $500 $250 $____________ other amount

Make checks payable to Guttmacher Institute

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Contact the Guttmacher Institute to learn more about our work, ask questions about
sexual and reproductive health and rights, subscribe to periodicals or e-mail announcements
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www.guttmacher.org

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